UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.10
13 November 1995
ENGLISH
ORIGINAL: FRENCH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 5 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Côte d'Ivoire

SUMMARY

The Executive Director presents the country programme strategy note for Côte d'Ivoire for a programme of cooperation for the period 1997 to 2001.

In spite of appreciable investment in the social sphere, infant, child and maternal mortality rates remain high because of inadequate access to basic services and the poor quality of the services provided.

Based on experience acquired under the previous programme, the cooperation programme covering the period from 1997 to 2001 will contribute to attainment of the goals of the national programme of action for children and women through the extension of quality primary health care coverage in accordance with the principles of the Bamako Initiative, action to combat iodine and vitamin A deficiencies, development of basic formal and non-formal education, improvement of environmental hygiene and development of basic social services in disadvantaged urban areas. In view of its limited resources and the existence of considerable potential for development of the

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

95-35589 (E) 301195 011295 051295

/...

country's social infrastructure, UNICEF should focus primarily on: (a) advocacy of the adoption of more appropriate social policies and budgets and of community-oriented policies; (b) communication for improved information, awareness-building and empowerment for local communities to promote the rational use of existing structures and a basic change in mentalities and behaviour; and (c) development of effective demonstration programmes. Emphasis will be placed on close, synergistic and complementary cooperation with other partners operating in the country.

THE SITUATION OF CHILDREN AND WOMEN

1. Côte d'Ivoire, with 14 million inhabitants and a per capita gross national product of $650, has agreed to undertake major social and economic investment. However, the infant mortality rate (IMR) and the under-five mortality rate (U5MR) (estimated at 89 and 120 respectively per 1,000 live births) and the maternal mortality rate (MMR) are still very high. The immediate causes are malaria, anaemia, acute respiratory infections (ARI), diarrhoea, childbirth complications and acquired immunodeficiency syndrome (AIDS). Malnutrition occurs in 20 and 18 per cent respectively of children under five years of age living in urban and rural areas. Disorders due to iodine deficiency occur in mountainous areas in the west of the country and vitamin A deficiency is frequently found in the north.

2. The underlying causes are related to insufficient access to basic services and resources and to the rise in the cost of living. Despite a dense network of health facilities, poor access to primary health care (PHC) may be attributed to organizational problems and the lack of essential drugs. Although 71 per cent of children are enrolled in school, access to basic education is still limited in the northern and north-eastern areas of the country, in poor urban areas and especially for girls. The inadequate role of information delays the behavioural changes needed to deal with social health challenges such as AIDS.

3. The scale of the phenomenon of children in especially difficult circumstances reflects increasing economic marginalization of families living in unstable urban environments (especially low wage-earners), rapid urbanization and school wastage. The structural causes include the country's very heavy reliance on coffee and cocoa production, a large foreign debt and inadequate social budgets. Following the devaluation of the CFA franc (franc of the African Financial Community) in 1994, access to health care dropped by 30 per cent and drop-out rates deteriorated owing to the increased cost of imported goods, especially drugs and educational supplies.

4. Persistently high mortality rates, malnutrition, unequal access to basic services for different ecological zones and the sexes, the lack of an integrated and participatory approach on behalf of children in especially difficult circumstances, and insufficient reliable social statistics are the priority problems to be addressed by the next cooperation programme.

LESSONS LEARNED FROM PAST COOPERATION

5. During the mid-term review in 1994, it was found in assessing progress towards achievement of the intermediate goals that the baby-friendly hospital label had been awarded to 100 per cent of the target hospitals. Other notable achievements were the reduction of cases of Guinea worm from 12,000 in 1992 to 3,000 in 1995, the existence of 9 districts out of 29 with primary health care (PHC) coverage, the ongoing salt iodization project and basic education efforts in the north. National plans of action have been developed in priority social sectors (PHC, AIDS, breast-feeding, micronutrient deficiencies, dracunculiasis and Education for All). In addition, the decentralization process has begun and

the climate of trust and cooperation between the authorities and communities, on the one hand, and the development agencies, on the other, is promising.

6. However, the expanded programme on immunization (EPI), with 50 per cent vaccination coverage for the three-dose triple vaccine against diphtheria, tetanus and pertussis, and oral rehydration therapy (ORT), which was used in only 20 per cent of cases of diarrhoea, were not as successful as anticipated, largely because of inadequate government funding and political commitment, the verticality of sectoral programmes and insufficient coordination among the national partners. In contrast to the delivery of services and capacity-building at the central and local levels, community empowerment and the communication component have remained on a limited scale. Furthermore, a national strategy to address the problem of children in especially difficult circumstances has yet to be developed.

7. The lack of supplementary funding has delayed the extension of the programme. The new programme must seek to mobilize more supplementary funding, both from bilateral and multilateral agencies and from the private and public sectors.

8. In view of the large number of basic infrastructural facilities, UNICEF should focus primarily on: (a) advocacy of the adoption of appropriate social policies and their implementation, if necessary with budget restructuring; (b) communication with local communities to promote greater awareness of the potential of existing structures and the adoption of responsible patterns of behaviour; and (c) forging links between quality programmes and urging other actors to ensure nationwide dissemination and extension.

PROPOSED COUNTRY PROGRAMME STRATEGY

9. In the context of the human resources development programme and the national plan of action for children and women, and in accordance with UNICEF policies, the programme will seek: (a) to reduce the U5MR from 120 to 70 per 1,000 live births and the MMR from 600 to 300 per 100,000 live births; (b) to achieve 80 per cent enrolment of children, especially girls; and (c) to popularize the content and promote the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. These goals will be attained through the following six programmes: health and nutrition; basic education; water, sanitation and the environment; integrated programme of basic services; advocacy and communication; and planning, monitoring and evaluation.

10. Health and nutrition. This programme will help to: reduce the under-five mortality rate due to diarrhoeal diseases, ARI, malaria and the diseases targeted by EPI; reduce maternal mortality due to complications of pregnancy; and eliminate disorders due to iodine and vitamin A deficiencies. The goals will be achieved through three projects: (a) development of PHC and the Bamako Initiative; (b) micronutrients and nutrition; and (c) communication for health. With the exception of the salt iodization and nationwide activities, the other activities will ensure effective PHC coverage in the areas of programme concentration. Emphasis will therefore be placed on decentralization of

management; integration of a minimum package of therapeutic, preventive and promotional activities; cost control; use of essential drugs; and joint community financing and management. Basic obstetric care at the district hospital and district task force level will also be strengthened.

11. Education. The goal of this programme is to help to increase enrolment in the northern region of the country from 49 per cent to 70 per cent and to reduce gender disparities. The programme includes three projects: (a) the revitalization of basic education; (b) remedial education for girls who have dropped out of school; and (c) the strengthening of policies and partnership. These projects will affect the quantitative and qualitative improvement of available options, the establishment of safety nets for girls who have dropped out of school, improved coordination, monitoring and evaluation, and the increased involvement of communities and the parents of students in the local administration of basic education.

12. Water, sanitation and the environment. This programme is aimed at reducing the incidence of diarrhoea in children under five years of age and of parasitic infestation at the beginning of the school year through three projects: (a) operational research and communication in the field of environmental health; (b) the promotion of appropriate technologies; and (c) the strengthening of management capacities. The strategies will focus on community inventorying of needs, the establishment of priorities, the rational use of local resources, the introduction of appropriate low-cost technologies, and capacity-building at the local (particularly for women) and institutional levels, including monitoring of the eradication of the Guinea worm.

13. Integrated programme of basic services. The goal of this programme is to serve better the needs of children living in poor urban areas through two projects: (a) improvement of the living conditions of children living in the mushrooming shanty towns of Abidjan; and (b) the prevention and protection of street children in the 10 communes of Abidjan and 2 communes in the interior of the country. These strategies will focus on promoting coordinated approaches to identifying problems, setting up and expanding suitable public and private basic services, and on developing mechanisms for community-based dialogue designed to make responsible, organize and empower particularly vulnerable families.

14. Advocacy and communication/planning, monitoring and evaluation. These two interlinking programmes will provide advocacy directed at the authorities and is intended to increase the capacity for analysis and communication at the grass-roots and family levels. The establishment of a system of relevant disaggregated social data and the improvement of coordination, monitoring and evaluation mechanisms will provide support to advocacy, fund-raising in the private sector, and the prevention of certain illnesses such as AIDS. Advocacy activities will be aimed principally at developing more appropriate social policies, implementing the 20/20 formula and extending successful pilot programmes nationwide.

15. Operational strategies will be guided by the desire to reduce gender disparities and differences between ecological zones. In so doing, the programme will give priority to the following concentration areas: Bouaflé,

Bondoukou, Dabakala, Séguéla, Bouna, Daloa, Korhogo, Odienné and the outskirts of Abidjan.

16. The goal of community empowerment is to promote community inventorying of needs; the identification by those concerned, particularly women, of priorities, resources, alternatives and available options; the revitalization of the development committees and of associations and cooperatives; and training in management and basic accounting.

17. National capacity-building will be accomplished through the training, informing and retraining of workers at the central, regional, community and local levels. As a complement to advocacy, national capacity-building will also influence the development of more appropriate social policies through recourse to operational research activities.

18. Service delivery will be reduced in favour of the other strategies so as to enhance the appropriateness and perpetuation of activities. These strategies will be implemented in a complementary and synergistic manner, the balance varying according to the situation. In the field of health, for example, the first priority will be to ensure the quality of care in the regions covered by the Bamako Initiative before proceeding to a broader application. Where basic education is concerned, the initial provision of teaching materials will lead to an improved efficiency of the educational system while laying a foundation for self-managed development.

19. In view of the limited resources, partnerships with other United Nations agencies, bilateral and multilateral cooperation agencies, non-governmental organizations (NGOs) and other groups will be strengthened with an emphasis on the formulation of converging approaches and the expansion of activities with positive results to other parts of the country. The contributions of the NGOs, groups such as the scouts, churches, mosques, women's associations, cooperatives and development committees will be strengthened.

20. Finally, an integrated plan for monitoring and evaluation will be developed. Analysis of the key factors in the provision of basic services will allow progress to be measured and bottlenecks to be identified. The plan will also provide for a regularly updated analysis of the situation of children and women. The interministerial committee for the monitoring and coordination of the cooperation programme, under the direction of the Ministry of Planning, and the sectoral subcommittees will be strengthened.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/

(In thousands of United states dollars)

	General resources	Supplementary funds	Total
Health and nutrition	2 650	5 000	7 650
Basic education	1 550	5 000	6 550
Water, sanitation and the environment	1 100	2 000	3 100
Integrated programme of basic services	1 250	2 500	3 750
Planning, monitoring and evaluation	2 100	-	2 100
Advocacy and communication	1 600	500	2 100
Total	10 250	15 000	25 250

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.